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9. The Pain of ‘Specimenhood’

Gianna Bouchard

Western medical science has a long history of displaying bodies for the purposes of examination, diagnosis, treatment, research and education. Looking at the body in order to understand it and to identify its ailments and pathologies, to compare healthy parts with diseased ones, and comprehend its intricate workings, has always been a part of medical practice. But the early medical gaze soon faltered on the superficial and relatively uninformative exposure of the outside of the body and its various appearances, expulsions and excretions. So medical ocular desire turned inwards, to the layers beneath the skin, the organs and anatomy of the body, and to what the interior might reveal about the subject and their biological functioning. Physicians turned their attention, whenever possible, to seeing below the skin and within the body, leading to the development of the practice of anatomical dissection from the fourteenth century onwards¹.

At the centre of dissective practice, as Jonathan Sawday notes, is a ‘stress on direct, visual, sensory experience that involves “the cultivation of autopsy” - literally, seeing for oneself’ (1995, 35). During the early modern period this became a public and spectacular moment of display of the body, where intimate looking at the body was enabled through the use of purpose-built anatomy theatres. Medical men and the public sought to understand human physiology through these demonstrations and to witness, as they perceived it at the time, God’s divine creation, by and through anatomical demonstration. At the centre of the physical and intellectual space of the anatomy theatre was the corpse, the human specimen, raised into sight on a table or

platform, and dissected according to a strict order, and within a tight temporal framework. Death is not static or fixed in these moments, but is a fluid and mutable condition that alters the body through decay and decomposition, so the dissectors had to work efficiently and effectively to beat the onset of putrefaction, which can quickly render the body useless for these anatomical demonstrations.

Alongside the need to divide the body and examine its interior, there arose an understandable desire to preserve it, so that 'autopsia', exposure and interrogation could be extended beyond the brief window of opportunity immediately after death. Inevitably, anatomists have long experimented with different methods of preserving disaggregated body parts for further study and research. The impetus, as medical historian Sam Alberti puts it, to 'freeze time', to render the 'indistinct visible, the ephemeral durable' and the need to provide a 'permanent reference point' about bodies and their pathologies is borne out in the extensive collections of specimens held and maintained by medical museums across the country (2011, 6).

The specimen, according to the *Oxford English Dictionary*, can be 'a part or portion of something that can serve as an example of the thing in question, for the purpose of investigation or scientific study'. It can also be a single thing, selected or regarded as typical of its class, a part of something that is taken as representative of the whole. From the literal fragmented part, the specimen also stands as an example in a philosophical and intellectual sense. Derived from the Latin word '*specere*', meaning 'to look' or 'to look at', the specimen depends on some kind of radical separation from the original whole, in order for it to be more fully observed, analysed and considered as an exemplar and a demonstration or test case. It can be both an example, in and of itself, and representative of a particular type or class of something. In this chapter, the specimen will be considered as both a physical entity, in relation to the medical

practice of excising and preserving body parts and pathologies, and as a conceptual tool, in order to briefly consider a growing context of practices that create specimens in the contemporary moment. More specifically, the idea of the specimen will be explored in relation to performance through Clod Ensemble's 2010 *Under Glass*.

The specimens examined here are literal, in the performance, but they also enable, or are embedded in, a conceptual methodology of 'specimenhood'. This notion comes from Gladstone and Berlo's essay on museums and the ethical issues that arise from displaying bodies within those contexts (2011). They are particularly interested in the relatively recent phenomenon of the artist's body being staged in museums (such as that of Marina Abramovic) and believe the concept of specimenhood to be an 'essential consideration in conceptualising an ethics of the body on display' (Gladstone & Berlo, 2011, 354). By adopting this analytical approach, I hope to analyse *Under Glass* in order to reflect back on wider issues of constructions of specimens in culture, on issues of spectatorship and the ethics of display. Finally, I will consider the potential of performance to make us think differently about our encounters with specimens.

Clod Ensemble, founded and directed by Suzy Willson and Paul Clark, is a London-based company that produces theatre and performance work that focuses on exploring relations between music and movement. Part of their work has explicit connections to performance and medicine, particularly in their project *Performing Medicine*. This brings medical personnel, academics and wider publics into dialogue with each other through performance workshops, talks and direct engagements with the medical curriculum and the education of doctors at various teaching hospitals in

London². Works such as *Under Glass* and *An Anatomie in Four Quarters* deliberately bring these two strands of theatre and medicine together.

Under Glass was made up of eight individual dance and movement-based performances that were brought together in 2010 for a national tour and, as part of the tour, was shown at the Village Underground in Shoreditch, London. Each performance was contained within a different shaped specimen jar, one of which was specifically named as a ‘test tube’ and another that appears to be a circular Petri dish. There was also a ‘jam jar’, and various square containers of different heights, widths and depths. Each contained a solo performer throughout the piece, with the exception of the ‘twins’, who shared the circular container³. The programme notes for the work directly reference the idea that the piece was ‘at once museum exhibit, gallery and medical laboratory’ and so implying that these performers, in their transparent containers, were, in some way, staged as specimens (Willson and Clark, 2010).

Under Glass invited its audience into the darkened warehouse in Shoreditch, and there isolated performers in their various jars and containers, spread throughout the space and presented on different levels, confronted us. The initial moments of the work slowly revealed several of the performers, bringing the lights up gradually on their confinements and producing shadowy glimpses of bodies, faces and parts. As an audience member, I steadily realised that there were multiple specimens and the space emerged as reminiscent of a medical museum or an exhibition of captured individuals. The lighting gradually enabled a more focused gaze at the specimens and their jars became apparent too, as we caught sight of reflections and edges that began to be definable as transparent vessels. Sitting and standing in the darkness, the specimens were drawn attention to, highlighted and emphasised through the lighting, so that they

emerged from and disappeared back into the darkness. In their slow revelation, the ‘lo and behold’ of science and performance mingled, presenting bodies and performers to be looked at, to be seen, deciphered and offered to contemplation.

Evoking medico-science’s concerns with identifying, examining, preserving and collecting specimens as material for demonstration, revelation, examination and research, the work played across the idea of the specimen as both sample and exemplar. Seemingly separated from their original contexts and caught in their containers, the performers were offered as specimens, valued for their potential to provoke new insights, whilst also being a bio-archive and record of certain human conditions; conditions of human existence, rather than disease, such as the worker trapped in his too-small office, surrounded by post-it notes, and struggling to contain his boredom and sense of growing frustration at the monotony of it all. They were transformed biological artefacts and enduring - like the medical specimen - into an unknown and ongoing future of containment, testing, display and spectacularisation.

In terms of medicine and science, the removal, storage and future use of the specimen is framed by complex social, cultural, epistemological, medical and legal concerns that make them highly charged and multifaceted objects in certain contexts⁴. So, for instance, within public discourse in the UK, little seems to be said about the display of mummified human remains from archaeological sites or collected as part of ethnographic research, when presented within the museum or gallery. The Egyptian mummies in the British Museum, for example, remain the most popular exhibit in the collections but, on the other hand, we have witnessed significant political, social and ethical furore around more recently revealed and, apparently hitherto, ‘secret’ specimens kept by medical institutions. Or, indeed, there has been disapproval and

outright condemnation of the creation of human specimens that appear to be spectacularised in undignified and inappropriate ways, such as in the touring exhibition of plastinated cadavers and body parts in the *Bodyworlds* show; the anatomical exhibition, created by maverick scientist Gunther von Hagens.

The early twenty-first century has certainly seen increased public anxiety about medical research and practices that appear to create specimens without consent or attention to the ethical dilemmas of extending and manipulating biological materials outside of the original body. For instance, in 1999, the British public's attention was drawn to a growing scandal centred on Alder Hey Children's Hospital, Liverpool, where children's organs were being removed and stored by a senior pathologist, for which there was no parental consent. Such storage creates enduring body specimens for medico-science but, in this instance, the controversy sparked debates about rights over ownership of the body and informed consent. As I have noted elsewhere, 'in an attempt to close some of the legal loopholes, to ensure protection of patient's rights and to improve ethical standards in biomedical practice, UK civil legislation followed the Bristol and Alder Hey organ retention inquiries with the revised Human Tissue Act of 2004' (Bouchard, 2012, 100-101). This law 'sought to clarify the regulation of biological materials removed from dead and living bodies. Based on the principal of consent, it rendered illegal the removal and storage of human tissue and organs without appropriate, informed consent, and it outlawed organ trafficking and DNA theft' (ibid, 101)⁵.

In more recent times, the constellation of practices that create specimens has, arguably, escaped from the narrow confines of medicine and entered into mainstream culture, often dragging medico-scientific discourses in its wake, ever a prop to the use

of the specimen, and a legitimating frame for its display. Often, the medical or scientific is used to frame extraordinary bodies in a way that seems to sanction, authorise and encourage our viewing, which in other contexts might be deemed to be inappropriate or even voyeuristic. Spectatorial desire and encouragement to look at bio-specimens remains (finding its roots in the early modern anatomical theatres and in the Victorian ‘freak shows’) and has even been heightened in some medical contexts, in popular culture and in performative terms. Gunther von Hagens, the creator of the *Bodyworlds* exhibition of plastinated corpses and body parts, said ‘you have to recognise yourself as a specimen’ (von Hagens in Gladstone and Berlo, 2011, 353). This could, rather chillingly, refer to a desire, on his part, to see us all as potential donors and participants in his exhibitions. In other words, that we are ripe for plastinating at some point in his anatomising future and that each of us could reveal something instructive about human anatomy. But, I think, it also draws us to consider the current status of the body and its spectacularisation in mainstream culture, where ‘everyday’, non-normative physiologies and anatomies are being transformed into specimens of ‘embarrassing bodies’. Such bodies are in need of correcting, curing and normalising, once they have been identified as potential specimens and in need of professional, usually medical, help.

For instance, some television shows, such as Channel 4’s *Embarrassing Bodies* (2007 - ongoing) and *Supersize vs. Superskinny* (2008 - ongoing), seem to convert the ordinary person into a medical specimen, and thereby the shows reiterate the notion of these individuals as being both samples and exemplars. In discussing ethnographic objects in the museum, Kirshenblatt-Gimblett describes the method of showing such artefacts as being dependent on ‘an art of excision, of detachment’ and likens the process of selection to a surgical procedure (1998, 18). It requires a kind of

cut that separates the object from the original body or site. This is a violent manoeuvre, an excision and a rending, but it is also about separation and fragmentation. In many ways, we can see a version of this in these medical reality programmes, as the specimen is identified as needing attention and is often removed from or detached from their everyday situations, in order to become the object of study. They are transported to a special location, in laboratories or medicalised spaces, where they are scrutinised, tested and provoked to become healthier and to discipline themselves into improved living practices. Surveillance of their bodies is often highly intrusive, with 360-degree views of their bodies and, sometimes, including scans and x-rays of their inner selves. The living specimen is visually disaggregated in front of our eyes and then, apparently, put back together again or, at least, is put back onto the straight and narrow of self-transformation and ‘cure’ by the end of each programme. In these instances, we can see that the body, displayed as a specimen, is a powerful tool and support to discourses around normativity; for reinforcing the status and power of science and medicine; and, for encouraging self-surveillance, self-monitoring and disciplinary practices in the wider population.

Clod Ensemble’s specimens were, likewise, isolated and vulnerable, separated from each other and from the audience by their various containers, which are a key part of the preservation of medical specimens. The jars limited their freedoms and their movements, whilst also being the means of experimenting with those limits – the performers struggled within the spaces, pushed against the glass, used it to support their weight and reach to their limits. They simultaneously posed, measured and tested themselves within their confines. At times, the specimen-performers seemed to be aware that their bodies and selves were on show and they proceeded to demonstrate themselves, in a manner that recalls pictorial representations from the

seventeenth and eighteenth centuries of dissected bodies. These figures were involved in showing the body as the spectacle of the unseen and were active participants in their own revelation, often holding back their skin, like drapes, in order to display their internal organs for the viewer. They were also invariably drawn in action, against striking landscapes, seemingly proud and acquiescent in their own dismemberment. Jonathan Sawday describes this principle as that of ‘living anatomy’, where dissected subjects were represented as being alive and fully participant in the dissection process (1995, 114). Clod Ensemble’s performers sometimes echoed such self-demonstrations, appearing to want to show themselves and aware of their ‘to be looked at-ness’, pressing flesh to glass and pointing towards the audience. In these moments, the performer-specimens were complicit in their own display, comfortable in themselves and in their own revelation. In other moments, though, a different dynamic was revealed, where the performers seemed acutely uncomfortable in their presentation and hesitant or introverted in their containers. Still others performed as though entirely unaware that they were being looked at, and were caught up in their own struggles with their environments, as though the glass was an opaque barrier and edge to their worlds.

For the audience, watching *Under Glass* meant being involved in this exchange of looks and gazes. In the programme notes, Kéline Gotman describes the experience of watching it as ‘uncanny’. The work ‘shifts the gaze, makes us squint, wonder, turn our heads this way and that, to gain a new perspective, a new slant, a new angle’ (2010). Following the work of Rosemarie Garland-Thomson, the specimen is often staged within a ‘scene of staring’, where the starrer tries to understand the unfamiliar object and thereby master it, which requires the ‘arduous visual work of reconciling the curious with the common’ (2009, 49). The display of

the specimen within science and medicine is often predicated on the incitement of curiosity in the viewer, which then provokes a resultant search for new knowledge and understanding. Curiosity, in these contexts, is considered a noble impulse, which draws the viewer close to the object in an intense visual scrutiny that supposedly orders, categorises and enables a gradual knowing of the subject.

In writing about curiosity, Barbara Benedict suggests that the objects of museums and cabinets of curiosities, in other words, collections of specimens, ‘make readers both curious consumers and consumers of curiosity’ (2001, 9). Specimens establish a complex relational dynamic between the ‘curious’ object and the spectator:

Like images in a hall of mirrors replicating their reflections, curious spectators inhabit simultaneously the roles of inquirer and object of inquiry, watching themselves watching, and creating ever more curious consumers. This solipsistic aspect makes curiosity vulnerable to the host of moral charges traditionally associated with narcissism’ (2001, 9).

The specimen inaugurates a constant slippage for the viewer between spectator and performer, between subject and object, which implies a certain spectatorial pleasure in this shifting economy. *Under Glass* engaged in these economies by leading the audience round the space, to encounter the specimens from a variety of perspectives and in a manner that incited a certain kind of curiosity. The slow revelation of the performers in their jars certainly invoked anticipation and inquisitiveness, as we couldn’t quite see enough to fully determine what we were being shown, at least at first. Some of the specimens were very close, whilst others were distant and raised up,

and some were below us, lying down and morphing into strange shapes, as though under a microscope. The ‘look of curiosity’ was explored here but in a way that diminished its power over the specimen-performers. As Gotman states, ‘[w]e watch, without judging’ (2010). The audience were aware of others sharing this look, and we could often see others watching and ‘watching themselves watching’ but the violence of the stare was prohibited. Kupperts describes the visualization techniques involved in medicine and, more particularly, in practices of anatomy as the ‘violence of the vision machine of anatomy’ (2004, 133). This violence was evoked in the work but simultaneously negated into an empathic and shared encounter.

This looking, that was encouraged by the performance, played between a kind of forbidden staring at bodies that was sanctioned in this space and an intense pleasure in watching the performers. The lights were never increased enough to replicate the glare of the laboratory or the spotlight of the museum or gallery, and nor were they harsh enough to fully render the subjects in exacting detail. The play of light and shadow that framed and located each container negated the analytical power of the medical gaze. There was no thrusting into the spotlight or complete revelation that might have laid these performers bare. They remained partially enigmatic and ephemeral beings, who had not been preserved or held in stasis by the processes of transformation usually deployed on medical specimens. They were living, changing and ‘being’ in front of us, if only for the forty minutes of the performance: ‘The human specimens, doing their working, dancing, sleeping, reconfigured so that what we are looking at are just simply lives’ (Gotman, 2010). Subjugation and violence were subverted from the scene in favour of an ethical looking that was tender and gentle.

This ethical engagement was produced, in part, by the scenography and lighting, but also by the performers, their movements, and their individual subjectivities, which were manifest in the work. The medical museum and the pathological specimen suppress the individual 'to the structuring process of the scientific gaze, exposing muscles and flesh, not individuality' (Kuppers, 2004, 137). Medico-science's work with specimens involves a process of rendering the body into what Alberti defines as 'material culture' (2011, 100). In the journey from anatomisation and fragmentation to specimen, the individual shifts from subject to object, 'from him or her to *it*' (2011, 95) and contemporary anxieties about medicine and science are often focused on these kinds of dehumanising elements. The storage of body parts without consent, the use of cell lines for development and financial gain, and the trade in organs, have all raised social anxieties about the potential for the individual to become distanced or separated from their own body, and, in turn, raising questions about property rights and ownership of our bodies. There is a growing concern about what medical ethicist Alistair Campbell describes as the 'potential dehumanization of the self, by treating it as no more than a rational negotiator in a society dominated in all its aspects by market values, including the monetizing of parts of the human body' (2009, 18).

Clod Ensemble's work, however, presented specimens as and of everyday life, recognisable in all their fragility and idiosyncrasies, who were hauntingly familiar in their habits, frustrations and expressions of limitation. Where the medical specimen is fragmented, separated and potentially dehumanised, these specimens were warm, animated and extraordinary. In some ways, this signals the pain of 'specimenhood' and we may begin to realise the implications of singling out people and parts, of categorising, of labelling, of separating, of isolating, of testing, of analysing and

displaying each other. The work encouraged an ethics of care in these moments, by inviting connections and reciprocity across physical, social, philosophical and cultural divides. These bodies were ‘empathized with, felt and cared for’ (Gotman, 2010).

Interwoven with the movement in the piece is Alice Oswald’s poem *The Village*, which was specifically written for the work and is spoken into a telephone by the performer in a test tube, and Paul Clark’s original music. The poem speaks of fragments of village life, offering snapshots of events and behaviours in an analogous manner to the construction of the specimen, snippets lifted from their originary context and framed as both example and exemplar. The poem names certain individuals in the fictional village, such as John Strong and Joyce Jones, describing their seemingly clandestine behaviours and revealing snatches of brutal and violent scenes, played out at night and in the dark, glimpsed through windows or down darkened country lanes. Spied on and described on the telephone to an unknown other, these are more familiar specimens of our daily lives, separated out, gossiped about and turned into the victims of rumours. But there is also the repeated refrain of ‘good grief you get used to the sound’ (Oswald, 2010), creating a sense that we are desensitised to certain moments of brutality and cruelty, which we inflict on each other. This threading through of a text about individual lives and their experiences of pain, and even death and murder, of fractured relationships and loneliness, connects us to the performer-specimens and each other, revivifying our shared humanity.

The specimen relies upon this construction of relations between bodies to become meaningful, including in the medical collection. In the museum, as Alberti points out, the collection is a ‘dynamic entity, a set of relations enacted through material’ that comprises biological specimens, models, images, texts and other connected objects, such as surgical instruments and other medical paraphernalia

(2011, 7). The specimen is made sense of through its relationality to other specimens and means of anatomical representation. Excised and detached, it is given significance through its association with other fragmented parts, divided but then situated within another complex body of parts. This relationality is prevalent in many of the moments of specimenhood I have begun to identify here. The early modern anatomical dissection was dependent on a single material body but underpinned very explicitly by a relation to authoritative textual bodies, spoken over the dissection process and used to highlight the veracity of the anatomy text. The anatomised specimen was also displayed alongside the anatomical drawing, in a didactic and mutually reinforcing system of representations. Arguably, this is also present in the spectacle of televised specimens, where bodies are compared to other bodies, real and idealised, pathologised and normative. Their transgressions are made apparent when they are related to other, more disciplined and apparently more civil bodies. This is, of course, extended to a relation with the body of the viewer, who is drawn into and encouraged to make comparisons between the screened specimen and the body on the sofa. Relations are established, which reflect back and forth between viewer and specimen, that should either apparently encourage the viewer to seek similar medical help or take action, or that offers spectatorial pleasure (and it is surely more of this than the former) realising that ‘one’s position on the far side of the stage is assured’ (Kuppers, 2003. 35). Pleasure and satisfaction comes from establishing that ‘I am not like that’, where the relation is constructed through difference, rather than sameness.

It is here that *Under Glass* subverts these systems of representation, as I have been arguing. Instead of believing that we are not the same as the specimens in their various containers, the work draws us to recognise that such differences are constructed, often condemnatory and ethically dubious. The exchange of relations in

the performance subtly shift the focus back to the self and the body of the spectator, as the origin of the enduring specimen, as the material that matters, when medicine and science appear to work in the opposite direction. It is performance practice that returns us to the fragile, vulnerable and divisible body that appears to be increasingly exploited, manipulated, commodified and exploited by some biotechnologies, which are able to make the body, our bodies and its parts endure into unknown futures.

Novelist Hilary Mantel wrote about medical museums in 2010: ‘in old-fashioned museums you can see the unconscious benefactors of mankind, trapped in glass cases: the freaks and monsters of their day... When we look at them, fascination and repulsion uneasily mixed, we bow our heads to their contribution to knowledge, but it is hard to locate their humanity’ (Mantel in *Guardian Review*, May 2010, 7). It seems to me that Clod Ensemble’s work draws us back towards an ethics of care and responsibility for those identified as specimens and it reflects on the processes of specimenhood, which seem to be increasingly prevalent in a constellation of practices, some of which I have identified here. Presented with dignity and warmth, these specimens are fleshy, lonely and struggling selves, and the weight of ethical responsibility falls on the spectator. *Guardian* reviewer, Sanjoy Roy, tellingly reveals this weight when he notes: ‘At the end, ...when they turn inside their cabinets to look at us, applauding from within our own patch of light, it is as if we are the lonely weirdos, not them’ (Roy, 2009).